



# 2021-22 School Year Residency Verification CBO Training

June 2021



## Residency Requirements

# Importance of residency verification



Ensures DC residents have access to District public schools and seats paid for with District public funds.



Ensures District public schools and seats funded by District funds are funded appropriately for the DC resident students they serve.



Informs persons of the requirements and repercussions of enrolling an ineligible non-resident student.



## Residency Eligibility

The enrolling person must be a *bona fide* District resident.



The enrolling person must be *eligible* to enroll the student.

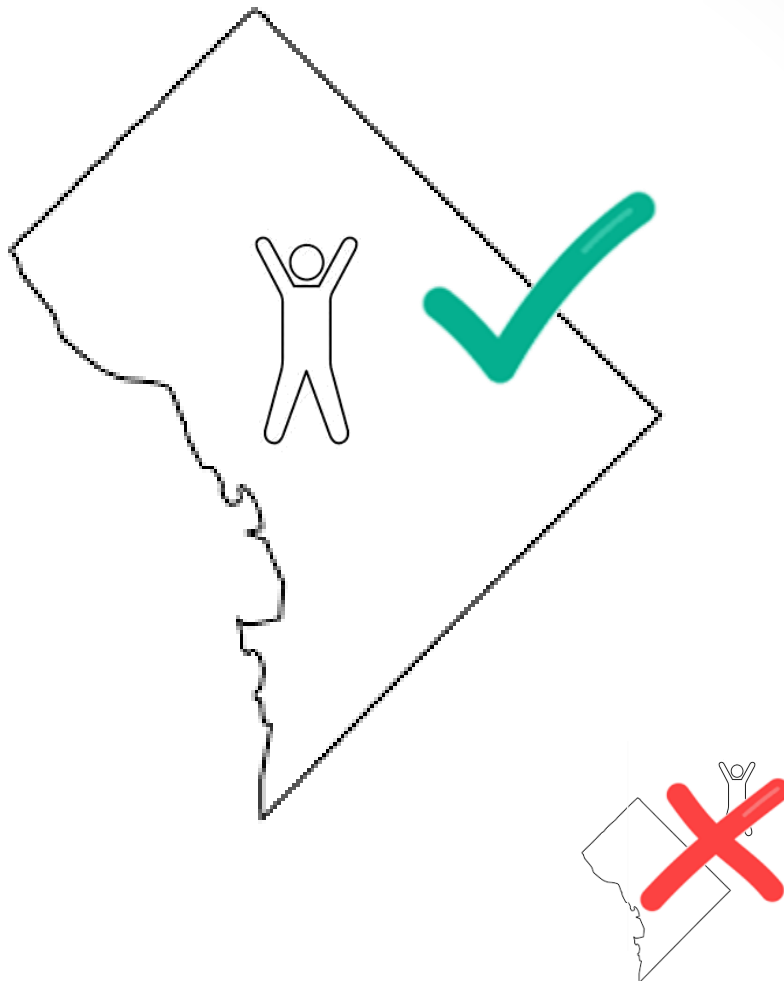


## Residency Requirements for Enrolling Person

---

In order to attend a District public school or a seat paid for using District funds, the enrolling person must both be a bona fide District resident and eligible to enroll the student or themselves as an adult student.

If both are not true, then the student is not eligible to be enrolled as a District resident.



## What is a bona fide resident?

---

A bona fide resident is someone who is *physically* present in the District.

In addition, they also need to provide valid supporting documentation to support their claim of residency.

Exceptions – students experiencing homelessness, and DC students in foster care but housed in another state.

Parent

Guardian

Custodian

Other Primary Caregiver  
(OPC)

Adult Student

## Who is eligible to enroll a student?

Eligibility to enroll a student is limited to the parent, guardian, custodian, other primary caregiver (OPC), or adult student.

Only *one* parent, guardian, custodian is required to be a DC resident for the student to attend a District public school or fill a seat paid for using District public funds.

Exception – Minor students who are emancipated



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary Caregiver  
(OPC)

Adult Student

## Who is a parent?

Any parent, including an incarcerated parent, domestic partner, or step parent, who has physical and/or legal custody of the student.

The parent must be a bona fide resident.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.



Parent

Guardian

Custodian

Other Primary Caregiver  
(OPC)

Adult Student

## Who is a Guardian?

Must be an appointed legal guardian of a student by a court of competent jurisdiction.

The guardian must be a bona fide resident.

Power of attorney is not sufficient evidence.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary Caregiver  
(OPC)

Adult Student

## Who is a Custodian?

Must be a person who has physical custody granted by a court of competent jurisdiction.

The custodian must be a bona fide resident.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

Parent

Guardian

Custodian

Other Primary Caregiver  
(OPC)

Adult Student

## Who is an Other Primary Caregiver?

A person other than the parent, guardian, or custodian who provides care, control, and support because the student's parents, guardians, or custodian are unable to provide care, control and support due to a serious family hardship.

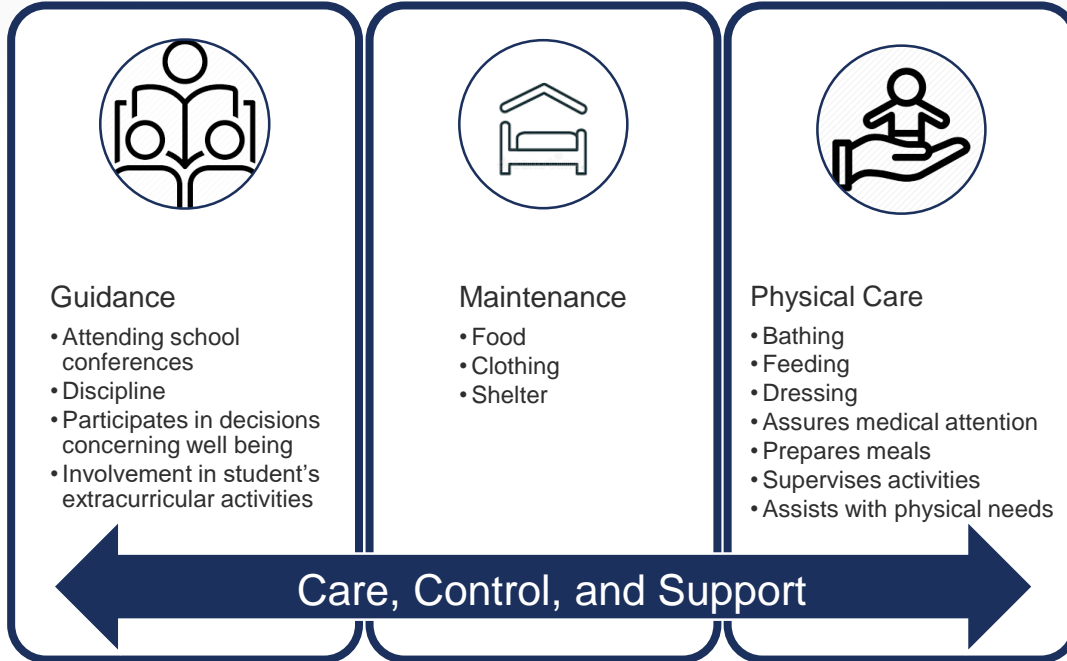
The OPC must be a bona fide resident *and* the student must reside with them.

Power of attorney is not sufficient evidence.



See 5-A DCMR § 5000 *et seq.* for more information on residency regulations.

The OPC provides the following:



**And**

The student's parents, guardians, custodians suffer from serious family hardship:

Death  
Incarceration  
Serious illness  
Abuse or neglect

Active military assignment  
Drug addiction  
Loss of habitability  
Abandonment



See 5-A DCMR § 5000 *et seq.* for more information on other primary caregiver.

## Eligibility of Other Primary Caregiver (OPC)

In order for a person to act as an OPC, the following must be true:

- The OPC provides care, control, and support for the student.
- The OPC is a bona fide DC resident.
- The student resides with the OPC.
- The OPC provides supporting documentation
- The student's parents, guardians, custodians are unable to provide care, control, and support due to serious family hardship.

**If the student's situation does not fit this criteria, do not allow the OPC to enroll the student.**



# Residency Verification Forms

# 2021-22 School Year Residency Verification Forms

- District of Columbia Residency Verification form (DCRV)
- Other Primary Caregiver form
- Other Primary Caregiver Attestation
- Sworn Statement of Residency
- Home Visit Consent and Verification form

[Forms are available on the OSSE website here.](#)



## DC Residency Verification Form – 2021-22 School Year

Use this form to verify that you are a District resident and therefore you or your student is eligible to enroll in a DC public or public charter school. All forms and supporting residency documentation are submitted to the enrolling school.

### Step One: Choose the residency verification method that best applies to you.

Details of the available methods for verifying your DC residency are provided on page two. Choose **ONE** after completing sections 2 and 3 below. To be eligible to enroll in a DC public or public charter school tuition-free: 1) the enrolling person must be the parent, adult student, or the valid legal guardian, custodian or Other Primary Caregiver with proper documentation; 2) the enrolling person has established a physical presence in the District of Columbia; and 3) the enrolling person has submitted valid and proper documentation that establishes residency as set forth in law and regulations.

### Step Two: Provide information about student and enrolling person.

Student First Name:	Student Last Name:	DOB:
Name of 2021-22 School Year School:		
Enrolling person > First Name:		Last Name:
I am the: <input type="checkbox"/> student's legal parent/guardian/custodian <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form		
<input type="checkbox"/> adult student <input type="checkbox"/> minor parent and completed the sworn statement		
Address of enrolling person:		
City:	State:	ZIP:
Email:		Phone:
DC Resident:		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Step Three: Sign Certification of Residency Requirements.

- I certify that I am the parent or the valid guardian, custodian, or Other Primary Caregiver and am submitting valid and proper residency documentation accordingly or have identified myself as a non-resident and understand the required tuition agreement and tuition payment needed for enrollment.
- I certify that I have established and will maintain a physical presence in the District, defined as the "actual occupation and habitation of a place of abode with the intent to dwell for a continuous period of time"; and I am submitting valid and proper documentation to verify residency, as set forth in 5-A DCMR § 5004; or, I have identified myself as a non-resident and will complete the required tuition agreement and tuition payment.
- I consent to the disclosure of whether I was determined to meet the residency requirements for any government funded financial assistance program (such as, Medicaid, TANF, or SNAP) in which I am enrolled for the sole purpose of verifying District residency for DC public or charter school enrollment. By signing below, I am saying: I authorize OSSE to obtain my personally identifiable DC residency status information from other state or federal agencies, including but not limited to, the DC Department of Human Services (DHS), the DC Housing Authority (DCHA), and the Department of Health Care Finance (DHCF). OSSE will protect my information and follow all applicable laws regarding the protection and use of this information.
- I understand that enrollment of the above-named student in District of Columbia Public Schools, public charter schools, or other schools providing educational services funded by the District of Columbia is based on my representation of bona-fide DC residency, including this sworn statement of physical presence and my submission of valid and proper documentation verifying residency or by completion of a tuition agreement and tuition payments.
- I understand that even if the documentation I provide appears to be satisfactory, OSSE or school officials, with reasonable basis, may seek further information to verify the student's residency or the Other Primary Caregiver status of the adult enrolling the student.
- If the District of Columbia, through OSSE, determines that I am not a resident or an approved non-resident under 5-A DCMR § 5007, I understand that I am liable for payment of retroactive tuition for the student, and that the student may be withdrawn from school.
- I understand that if I provide false information or documentation, I can be referred to DC Office of the Inspector General for criminal prosecution or to the DC Office of the Attorney General for prosecution under the False Claims Act and under D.C. Code § 38-312 which provides that any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to payment of a fine of not more than \$2,000 or imprisonment for not more than 90 days, but not both a fine and imprisonment.
- I understand that this form and all supporting documentation to this form, including all other OSSE forms used to verify residency, will be retained by the school. I consent to their disclosure to OSSE, external auditors, and other District agencies including but not limited to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request, for the purposes of ensuring the accuracy of my District residency.
- I understand that the District of Columbia may use whatever legal means it has at its disposal to verify my residence.
- I agree to notify the school of any change of residence for myself or the student within three school days of such change.

Enrolling Person SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Step Four: Submit this completed form and applicable documentation to your school.

#### SCHOOL OFFICIAL USE ONLY The following method was used to verify District of Columbia residency. Choose **ONE** method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): _____	Signature: _____	Date: _____
<b>Method A: School official verified</b> <input type="checkbox"/> OSSE Residency Verified (OLIK or ASPEN) <input type="checkbox"/> Homeless liaison verified <input type="checkbox"/> Ward of DC	<b>Method B: Select one document</b> <input type="checkbox"/> Pay stub <input type="checkbox"/> DC Gov. financial assistance <input type="checkbox"/> Certified DC Tax Form-D40 <input type="checkbox"/> Military housing orders <input type="checkbox"/> Embassy letter	<b>Method C: Select two documents</b> <input type="checkbox"/> DC motor vehicle registration <input type="checkbox"/> DC driver's license/non-driver ID <input type="checkbox"/> Lease with payment <input type="checkbox"/> Utility bill with payment <input type="checkbox"/> Non-resident

# DC Residency Verification (DCRV) Form

(page 1)

Required of ALL students enrolling in a District public school or a seat paid for using District public funds for the 2021-22 school year.

The form must be complete with each box and section filled out (N/A if not applicable)

The enrolling person must sign.

The school official must sign.

**DO NOT COMPLETE BEFORE  
APRIL 2, 2021**



**Step Four: Bring this completed form and applicable documentation to your school.**

**SCHOOL OFFICIAL USE ONLY** The following method was used to verify District of Columbia residency. Choose ONE method.

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited, to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Method A: School official verified</b> <input type="checkbox"/> OSSE Residency Verified (QLIK or ASPEN) <input type="checkbox"/> Homeless liaison verified <input type="checkbox"/> Ward of DC	<b>Method B: Select one document</b> <input type="checkbox"/> Pay stub <input type="checkbox"/> DC Gov financial assistance <input type="checkbox"/> Certified DC Tax Form-D40 <input type="checkbox"/> Military housing orders <input type="checkbox"/> Embassy letter	<b>Method B: Select two documents</b> <input type="checkbox"/> DC motor vehicle registration <input type="checkbox"/> DC driver's license/non-driver ID <input type="checkbox"/> Lease with payment <input type="checkbox"/> Utility bill with payment	<input type="checkbox"/> <b>Method C: Home visit</b> <input type="checkbox"/> <b>Non-resident</b>
--	--	--	--





<b>Enrolling person, follow ONE of the methods (A-C) to verify your DC residency.</b>			
<p>Verify with a school official. If you are experiencing homelessness, a ward of the District, and/or a participant of a District public benefits program, such as Medicaid, Supplementation Nutrition Assistance Program, or Temporary Assistance for Needy Families – your school may already have your information. Check with your school official or the school's homeless liaison.</p>			
<b>A</b>	<p>Verify through the Office of Tax and Revenue (OTR). Re-enrolling families/students are often able to verify residency using OTR residency verification process. The enrolling person must have paid taxes in DC during the previous fiscal year and have the student's Social Security number. The student must be re-enrolling in the same local education agency and enrolling in grades K-12. Login to the system at <a href="https://ossedtax.com">ossedtax.com</a>. If successful, your verification will then be available for your school to confirm.</p>		
<p>Verify by submitting supporting documentation. All items must include the same name and address of the enrolling person as completed on the DC residency verification form and school-based enrollment documents.</p>			
<table border="1"> <tr> <td> <p><b>ONE item is needed from this list.</b></p> <ul style="list-style-type: none"> <li>A valid pay stub issued within 45 days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period.</li> <li>Unexpired official documentation of financial assistance from the Government of the District of Columbia, issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs.</li> <li>Certified copy of Form D40 by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR stamp.</li> <li>Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence.</li> <li>Embassy letter issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.</li> </ul> </td> <td> <p><b>TWO different items are needed from this list.</b></p> <ul style="list-style-type: none"> <li>DC motor vehicle operator's permit or official government-issued non-driver identification that is valid and unexpired.</li> <li>DC motor vehicle registration that is valid and unexpired.</li> <li>Lease or rental agreement that is valid and unexpired <u>with a separate proof of payment of rent</u>, such as receipt of payment, money order, or copy of cashed check. The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. The separate proof of payment must be for a period within two months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.</li> <li>Utility bill (only gas, electric, and water bills are acceptable) <u>with a separate paid receipt showing payment of the bill</u>, such as receipt of payment printout, money order, or copy of cashed check. The utility bill must be for a period within the two months immediately preceding the school's review of this form. The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</li> </ul> </td> </tr> </table>		<p><b>ONE item is needed from this list.</b></p> <ul style="list-style-type: none"> <li>A valid pay stub issued within 45 days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period.</li> <li>Unexpired official documentation of financial assistance from the Government of the District of Columbia, issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs.</li> <li>Certified copy of Form D40 by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR stamp.</li> <li>Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence.</li> <li>Embassy letter issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.</li> </ul>	<p><b>TWO different items are needed from this list.</b></p> <ul style="list-style-type: none"> <li>DC motor vehicle operator's permit or official government-issued non-driver identification that is valid and unexpired.</li> <li>DC motor vehicle registration that is valid and unexpired.</li> <li>Lease or rental agreement that is valid and unexpired <u>with a separate proof of payment of rent</u>, such as receipt of payment, money order, or copy of cashed check. The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. The separate proof of payment must be for a period within two months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.</li> <li>Utility bill (only gas, electric, and water bills are acceptable) <u>with a separate paid receipt showing payment of the bill</u>, such as receipt of payment printout, money order, or copy of cashed check. The utility bill must be for a period within the two months immediately preceding the school's review of this form. The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</li> </ul>
<p><b>ONE item is needed from this list.</b></p> <ul style="list-style-type: none"> <li>A valid pay stub issued within 45 days of the school's review of this form. Must contain withholding of only DC personal income tax for the current tax year and no other states listed for deduction, even if the amount is zero. It must also show a DC personal income tax withholding amount greater than zero for both the current tax year and current pay period.</li> <li>Unexpired official documentation of financial assistance from the Government of the District of Columbia, issued to the enrolling person within the past 12 months and current at the time presented to the school, including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income, housing assistance or other programs.</li> <li>Certified copy of Form D40 by the DC Office of Tax and Revenue (OTR), with evidence of payment of DC taxes for the current or most recent tax year and must bear the OTR stamp.</li> <li>Current military housing orders or statement on military letterhead, must be official correspondence and cite the specific DC address of residence.</li> <li>Embassy letter issued within the past 12 months. Must contain an official embassy seal and signature of embassy official; and indicate that the enrolling person currently resides, or will reside, on embassy property in DC during the relevant school year.</li> </ul>	<p><b>TWO different items are needed from this list.</b></p> <ul style="list-style-type: none"> <li>DC motor vehicle operator's permit or official government-issued non-driver identification that is valid and unexpired.</li> <li>DC motor vehicle registration that is valid and unexpired.</li> <li>Lease or rental agreement that is valid and unexpired <u>with a separate proof of payment of rent</u>, such as receipt of payment, money order, or copy of cashed check. The lease must contain the start date, monthly rent amount, name of landlord, and be signed by the enrolling person and landlord. The separate proof of payment must be for a period within two months immediately preceding the school's review of this form and match the monthly rent amount stated on the lease.</li> <li>Utility bill (only gas, electric, and water bills are acceptable) <u>with a separate paid receipt showing payment of the bill</u>, such as receipt of payment printout, money order, or copy of cashed check. The utility bill must be for a period within the two months immediately preceding the school's review of this form. The separate proof of payment must be for the specific bill submitted. The most common submission is two consecutive bills where the second bill shows payment on the first bill. A credited amount on a bill and government agency letter subsidizing payment for utility are also acceptable proofs of payment.</li> </ul>		
<b>B</b>	OR		
<b>C</b>	<p>Verify through a home visit. If you are unable to verify through one of the above methods, speak with your school official about a home visit.</p>		
<b>Enrolling as a non-resident student</b>			
<p>Non-resident students are only eligible to attend a District public school if there are no eligible DC residents on the waitlist, the LEA agrees to enroll the student, there is a signed tuition agreement in place with the Office of the State Superintendent of Education, and an initial tuition payment has been made. To complete a tuition agreement and tuition payment, please email <a href="mailto:osse.residency@dc.gov">osse.residency@dc.gov</a>. Non-residents are not eligible for enrollment through the District's Pre-K Enhancement and Expansion Funding Program.</p>			
<b>Persons eligible to enroll a student.</b>			
<ul style="list-style-type: none"> <li>Parent - a natural parent, stepparent, domestic partner, or parent by adoption who has custody or control of a student, including joint custody.</li> <li>Guardian - an appointed legal guardian of a student by a court of competent jurisdiction.</li> <li>Custodian - a person to whom physical custody has been granted by a court of competent jurisdiction.</li> <li>Other Primary Caregiver - is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.</li> <li>Adult Student - A student who is 18 years of age or older, or who has been emancipated from parental control by marriage, operation of statute, or the order of a court of competent jurisdiction.</li> </ul>			
<p>Office of the State Superintendent of Education   1050 First St. NE, Washington, DC 20002   202.727.6436   <a href="https://osse.dc.gov">osse.dc.gov</a>   version 03.01.21 Page 2 of 2</p>			

# DC Residency Verification (DCRV) Form

(page 2)

Detailed information about valid supporting residency documentation

Information about enrolling as a non-resident

Definitions of persons eligible to enroll a student.

**DO NOT COMPLETE BEFORE  
APRIL 2, 2021**

# Correcting errors on forms

## Complete a *New* form if:

- An edit is made to the form that changes what the enrolling person has *attested* to.
  - Dates
  - Names
  - Addresses
- An edit is made to the form that changes what the school official has *attested* to.
  - Dates

## Edit the existing form if:

- An edit is made to the form that does not change what the enrolling person attested to but clarifies.
  - City quadrant
  - Name prefixes/suffixes
  - Campus names (as long as the CBO is correct)



## Home Visitation Consent & Verification Form – 2021-22 School Year

Use this form to consent to allowing a school official to verify District of Columbia residency by visiting your residence. Complete one form per student enrolling in a DC public or public charter school.

### Step One: Provide information about your family.

Student First Name:	Student Last Name:	DOB:
Enrolling Person:		
I am <input type="checkbox"/> student's parent/guardian/custodian <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form		
or <input type="checkbox"/> adult student <input type="checkbox"/> minor parent and completed the sworn statement		
Address of enrolling person:	City:	State: ZIP:
Email:	Phone:	

### Step Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OFFICIAL USE ONLY This following information was verified by conducting a home visit by a school official.

Step 1	Date of Home Visit (mm/dd/yyyy):	<input type="checkbox"/> In-person <input type="checkbox"/> Remote
Step 2	Name of people residing in the home:	Relationship to student:
Step 3	Who is the Primary Lease/Mortgage Holder?	Is the student on the lease? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
Step 4	Is there evidence that the enrolling person resides at the residence? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 5	If enrolling person is an Other Primary Caregiver, is there evidence that the student resides at the residence? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 6	Check only one: <input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only). <input type="checkbox"/> I was unable to confirm District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I was unable to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only).	

I certify that I am the school official authorized by the above named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I conducted.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Page 1

☐ In-person  
☐ Remote

Page 2

### Guidance for School Official conducting home visit

Reason for conducting home visit:	Items to confirm:
Residency verification of parent, guardian, custodian	<input type="checkbox"/> Parent, guardian, custodian has custody of student <input type="checkbox"/> Parent, guardian, custodian resides at the residence
Verification of Other Primary Caregiver (OPC)	<input type="checkbox"/> Evidence that the OPC resides at the residence <input type="checkbox"/> Evidence that the student resides at the residence

### Possible items to look for when confirming residence

The following items could be used to confirm the person enrolling the student and/or the student resides at the residence. This is not an exhaustive list.

- Personal hygiene products/toiletries
- Personal effects such as clothing, shoes, or items normally worn or carried on the person
- Sleeping area
- Student's school work
- Personal photos
- Mail

# Home Visit Consent and Verification Form

Form is used to provide consent and conduct the home visit.

Enrolling person must provide consent.

The enrolling person must sign and date.

The school official must complete the form.

The school official must sign and date.

Now includes check box for in-person or remote.





## Other Primary Caregiver (OPC) Form – 2021-22 School Year

Use this form to verify that the enrolling student is under the care of "Other Primary Caregiver." School officials should only collect this form if the person enrolling the student is *NOT* the parent, legal guardian, or court appointed custodian of the student and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship.

### Step One: Determine if you are an Other Primary Caregiver.

An "Other Primary Caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. Other Primary Caregivers must establish DC residency as required on the DC Residency Verification Form, in addition to establishing his/her status as an "Other Primary Caregiver." See reverse for definition of care or control and substantial support.

### Step Two: Provide information about your Other Primary Caregiver status.

Student First Name:	Student Last Name:	
OPC First Name:	OPC Last Name:	
OPC Address:		
City:	State:	ZIP:
Relationship to enrolling student:	Date student started residing with OPC:	

#### Verify Other Primary Caregiver status (check any that apply):

- ☐ I provide care or control for the enrolling student  
☐ I provide substantial support for the enrolling student  
☐ Enrolling student resides with me, the other primary caregiver

### Step Three: Provide information about the parent/legal guardian.

Full Name of Parent/Legal Guardian:			
Address of Parent/Legal Guardian:			
City:	State:	ZIP:	Phone:

The parent or legal guardian is unable to provide primary care and substantial support because of the following serious family hardship (check any that apply):

- ☐ he/she has an active military assignment  
☐ he/she suffers from a serious illness  
☐ he/she is deceased  
☐ he/she is experiencing loss of habitability  
☐ he/she is incarcerated  
☐ he/she does not live with the child due to neglect and/or abuse  
☐ he/she has abandoned the child  
☐ he/she is unavailable due to deportation

### Step Four: Confirmation of Other Primary Caregiver Status.

By signing below, I swear and attest that I am the Other Primary Caregiver and the parent, custodian, or guardian is unable to supply such care and support because of a serious family hardship. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.

Other Primary Caregiver SIGN HERE: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OFFICIAL USE ONLY Complete the area below to confirm school verification of other primary caregiver status.

I reviewed the Other Primary Caregiver status as specified above and the OPC meets all three criteria and that the parent or legal guardian is unable to provide primary care and substantial support due to serious family hardship. In addition, the above identified Other Primary Caregiver provided one of the following documents to verify OPC status:

- ☐ Sworn Statement  
☐ Records from the previous school year  
☐ Immunization or medical records  
☐ Unexpired official documentation from the federal government or the Government of the District of Columbia  
☐ Attestation for Other Primary Caregiver

I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited to, the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Other Primary Caregiver Form

Completed by *eligible* other primary caregivers enrolling a student.

Other primary caregiver must sign and date.

School official confirms that parent, guardian, or custodian cannot provide care and support due to *serious family hardship*.

The school official must sign and date.

Now includes additional family hardship scenarios.



**Other Primary Caregiver must submit one of the documents identified below to verify the other primary caregiver status.**

Methods	<ul style="list-style-type: none"> <li>A completed and signed sworn statement indicating that he/she is the primary caregiver for the student.</li> <li>Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card.</li> <li>Immunization or medical records issued within the last 12 months immediately preceding the school's review of the residency documentation, indicating that the student is in the care of the caregiver.</li> <li>Unexpired official documentation from the federal government or the Government of the District of Columbia with an issue date within the last 12 months immediately preceding the school's review of residency documentation, indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter.</li> <li>An attestation for Other Primary Caregiver completed and signed by a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last 12 months immediately preceding the school's review of residency documentation.</li> </ul>
---------	--

**Am I an Other Primary Caregiver?**

5-A DCMR § 5099 states that an Other Primary Caregiver (OPC) is a person, other than the enrolling student's parent or court appointed custodian or guardian. The enrolling student must *reside* with the OPC and the OPC *must provide the student with guidance, maintenance, physical care and support*. In addition, the student's parents, guardians, or custodians are *unable to provide the student primary care and substantial support due to serious family hardship*. If you do not provide guidance, maintenance, and physical care, and the student's parents, guardians, or custodians do not suffer from a serious family hardship, you do not qualify as an Other Primary Caregiver. Do you provide the following items in the table below?

Support	When the OPC is exercising <i>primary</i> responsibility to provide the child with financial resources for the child's livelihood.
Guidance	When the OPC participates in the responsibility for the child's development on a daily basis: <ul style="list-style-type: none"> <li>Attending school conferences</li> <li>Disciplining the child</li> <li>Participating in decisions concerning the child's well-being</li> <li>Involvement in the child's extracurricular activities</li> </ul>
Maintenance	When the OPC is providing necessities: <ul style="list-style-type: none"> <li>Food</li> <li>Clothing</li> <li>Shelter</li> </ul>
Physical care	When the OPC is providing continuous care for the child by performing tasks required in the child's daily life: <ul style="list-style-type: none"> <li>Bathing</li> <li>Feeding</li> <li>Dressing</li> <li>Assuring medical attention will be received by the child</li> <li>Preparing meals</li> <li>Supervising the child's activities</li> <li>Assisting with other physical care needs</li> </ul>

# Other Primary Caregiver Form

(page 2)

States the methods for verifying other primary caregiver status.

Provides guidance on what it means to provide primary care and substantial support.



## Attestation of Other Primary Caregiver – 2021-22 School Year

This form is to be completed by a legal, medical, or social service professional attesting to the status of a person as an "other primary caregiver" to a minor student.

### Step One: Review the definition/description of an Other Primary Caregiver (OPC).

An "other primary caregiver" is a person other than a parent, court-appointed custodian or guardian who is the primary provider of care and support to a child who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support due to serious family hardship. For the purpose of this form, a parent is "unable to provide care and support" to a child if one of the serious family hardship conditions described in the boxes below applies. A person seeking to enroll the student as "other primary caregiver" shall provide documentation, including this form, which establishes his or her status as BOTH an "other primary caregiver" AND his or her residency in the District of Columbia as required by District of Columbia law and regulations.

### Step Two: Provide information as the professional attesting to status as an OPC.

Professional First Name:	Professional Last Name:	
Place of Employment:	Title:	
Employer Address:		
City:	State:	ZIP:
Relationship to OPC/Student:		
Student First Name:	Student Last Name:	
OPC First Name	OPC Last Name	
OPC Address:		
City:	State:	ZIP:

### Step Three: Identify the reason for OPC status.

To the best of my knowledge, the child's parent, court appointed custodian or guardian is unable to provide care and support to the child, because the parent, court appointed custodian or guardian (check any that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> he/she has an active military assignment    | <input type="checkbox"/> he/she is incarcerated  |
| <input type="checkbox"/> he/she suffers from a serious illness       | <input type="checkbox"/> he/she does not live with the child due to neglect and/or abuse |
| <input type="checkbox"/> he/she is deceased                          | <input type="checkbox"/> he/she has abandoned the child                                  |
| <input type="checkbox"/> he/she is experiencing loss of habitability | <input type="checkbox"/> he/she is unavailable due to deportation                        |

### Step Four: Sign and complete the attestation of OPC status.

I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Signature of Attesting Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Attestation of Other Primary Caregiver

Used as documentation to verify other primary caregiver status.

Not completed by the OPC.

Only completed by a legal, medical, or social service professional.

Attesting professional must sign and date.





## Sworn Statement – 2021-22 School Year

This form is to be completed by the person enrolling the student, or by the parent of an adult student or minor parent, in cases when a sworn statement is needed to complete residency verification. For example, use this form in cases where a minor parent is enrolling their child but currently living at home and not able to prove DC residency.

Provide information about individual.		
Student First Name:	Student Last Name:	
Person completing sworn statement > First Name:	Last Name:	
Address of person completing sworn statement:		
City:	State:	ZIP:
Relationship to enrolling student:		
Email:	Phone:	
Identify basis for sworn statement.		
Check the appropriate basis for the sworn statement:		
<input type="checkbox"/> I am the parent of an adult student and the student resides with me at the address provided above. Documents establishing DC residency as set forth in SA DCMR § 5004.2 are attached.		
<input type="checkbox"/> I am the parent of a minor parent and the minor parent and child reside with me at the address provided above. Documents establishing DC residency as set forth in SA DCMR § 5004.2 are attached.		
<input type="checkbox"/> I am the Other Primary Caregiver of the student as attested in the Other Primary Caregiver form. Documents establishing DC residency as set forth in SA DCMR § 5004.2 are attached.		
Sign and complete the sworn statement.		
I solemnly affirm under the penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.		
Signature of person completing sworn statement: _____		Date: _____

# Sworn Statement of Residency

## Limited use cases:

A minor parent is enrolling a minor student – signed by minor parent's adult parent.

An adult student is living with an adult parent – signed by the adult parent.

An other primary caregiver as proof of other primary caregiver status.

Person completing sworn statement must sign and date.





# Residency forms by enrolling person

Enrolling Person	Residency Forms Required
Parent, Guardian, Custodian	<ul style="list-style-type: none"><li>• DCRV</li><li>• Residency supporting documentation</li></ul>
Other Primary Caregiver (OPC)	<ul style="list-style-type: none"><li>• DCRV</li><li>• Residency supporting documentation</li><li>• Other primary caregiver form</li><li>• Other primary caregiver supporting documentation</li></ul>
Minor parent residing w/ adult parent	<ul style="list-style-type: none"><li>• DCRV (Completed by minor parent)</li><li>• Residency supporting documentation (of adult parent)</li><li>• Sworn statement of residency (completed by adult parent)</li></ul>

# DCRV in electronic fillable format

An CBO may convert the DCRV and additional required forms into an electronic format – fillable pdf, online school enrollment system – but the DCRV and additional required forms shall meet the following requirements:

- The content and substance of the residency verification forms shall not be altered, redacted, or expanded in any way;
- Completed residency verification forms shall be exportable in the same format as provided by OSSE;
- Easily available to comply with the five-day requirement to submit the forms for investigation purposes;
- Printed and signed in person, or be in compliance with OSSE's electronic signature guidance;
- Provided in the required format for OSSE's annual enrollment audit; and
- Maintained in accordance with all records retention policies.

OSSE does not review or approve residency verification form systems. The CBO is responsible for meeting all requirements.



# Electronic signatures

When completing the DCRV or the additional required forms, both a physical signature, or 'wet ink' signature, and electronic signature are acceptable. But the electronic signature must meet the following requirements:



- Digital certificate
- Encryption used to authenticate
- Evidence of the origin of the signature
- Evidence of the record being sent
- Evidence of receipt
- A timestamp
- Long-term storage of evidence



- Cannot be a digitized image of a handwritten signature
- Cannot be a password or personal identification number
- Cannot be a mark or symbol indicating an intent to sign
- Cannot be a symbol ("/s/") affixed to a digital document.

OSSE does not review or approve electronic signature systems. The CBO is responsible for meeting all requirements.



## Supporting Residency Documentation

# Residency Verification Requirements

## Subsidy Students

- Enrolling person must complete DCRV and additional residency forms
- CBO must accurately report subsidy students
- CBO is not required to collect supporting residency documentation
- Enrollment Audit auditors will review only DCRV and additional residency forms, not supporting residency documentation

## Non-subsidy Student

- Enrolling person must complete DCRV and additional residency forms
- Enrolling person must submit supporting residency documentation
- Enrolling person must submit date of birth verification.
- Enrollment Audit auditors will review, DCRV, DOB verification, and supporting residency documentation

# Valid Supporting Residency Documents

There are two methods the enrolling person can verify DC residency, when required.

Method A	The school confirms the residency indicator in the <del>Qlik</del> application. This application provides verified residency data through District public benefits programs as well as the Office of Tax and Revenue.		
Method B	The school receives and certifies valid supporting residency documents submitted by the enrolling person.		
	One item	Or	Two Items
	<ul style="list-style-type: none"><li>• Pay stub</li><li>• Unexpired official documentation of financial assistance</li><li>• Certified D40</li><li>• Current military housing orders or statement</li><li>• Embassy letter</li></ul>		<ul style="list-style-type: none"><li>• DC license or ID</li><li>• DC vehicle registration</li><li>• Lease and separate proof of payment</li><li>• Utility bill and separate proof of payment</li></ul>
Method C	The parent consents to a home visit conducted by a school official.		



# COVID-19 Guidance for the 2021-22 School Year

## Extension of Expiration Dates on DC DMV Documents

- DC driver licenses and ID cards that expired March 1, 2020 or after will no longer be valid as supporting residency documents for students enrolling as of Sept. 9, 2021.
- Vehicle registrations that expired March 1, 2020 or after are no longer valid as supporting residency documents for students that enrolled as of June 1, 2021.
- Both documents must be valid and unexpired as of the date of the school official's review.

## Extension of Remote Home Visitation to Verify Residency

- Steps to conduct a remote home visit:
  - Enrolling person completes the Home Visitation Consent and Verification form
  - Use a live video application and in one continuous video the school official should see the following:
    - Outside of residence, including address number;
    - Inside of residence; and
    - Evidence that verifies the enrolling person resides at the address.
  - School official completes the Home Visitation Consent and Verification form



## **Valid Supporting Residency Documents**


*Method B*



**ABC VE Firm**  
Payroll Account

Check #: 123  
Date: May 24, 2020

Pay to the order of Enrolling Person **\$1,403.56**  
One-thousand, four-hundred, three dollars and 56/100 Dollars

 **US Network Bank**

Memo: PPE May 24, 2020

*Cash Isking*  
Chief Financial Officer

*Detach check above before depositing and save checkstub below for your records.*

	Current	YTD
Gross Earnings	\$1,680.00	\$18,480.00
<b>Deductions:</b>		
Federal Income Tax	\$141.38	\$503.88
Social Security (FICA)	70.56	200.56
Medicare	24.36	78.36
State (DC) Income Tax	23.34	98.34
State Disability Insurance (SDI)	<u>16.80</u>	<u>84.80</u>
<b>Net Pay</b>	<b>\$1,403.56</b>	<b>\$15,439.16</b>

## Pay stub

(Method B – 1 required)

Issued within 45 days of school's review of DCRV.

Must contain withholding of DC personal income tax **only** and no other states, even if the amount is zero.

DC personal income tax withholding must be greater than zero for both the current tax year and current pay period.

Same name and address as enrolling person on DCRV.

DC Financial Assistance Program  
Government of the District of Columbia  
1050 First Street NE  
Washington, DC 20002



Date: April 1 2020

Account ID: 999999999

Suzy Creamcheese  
54 District Street NW  
Washington, DC 55555

Subject: ELIGIBILITY FOR DISTRICT OF COLUMBIA FINANCIAL ASSISTANCE PROGRAM

Dear Suzy Creamcheese:

Based on the information you submitted the following individuals are eligible for the financial assistance program:

**List of eligible participants:**

Relationship	Name
Mother	Suzy Creamcheese
Child	Frank Creamcheese
Child	Lolly Creamcheese

Your program participation card is free and can be picked up at the following locations:

- Address 1, Washington, DC 20000
- Address 2, Washington, DC 20000

Program eligibility is valid for one year and will expire on 4/1/2021. If you have any questions, please contact us at (555) 555-5555.

ELIGIBILITY WORKER

# Unexpired official documentation of financial assistance from the Government of the District of Columbia

## (Method B – 1 required)

Issued to the enrolling person within the past 12 months and current at the time presented to the school.

“Received” stamps by school do not count as the current date.

Federal financial assistance programs, except SSI, **do not** qualify as valid supporting documentation **unless** facilitated by a DC Government agency such as the Department of Human Services (DHS) or DC Housing Authority (DCHA).

Documentation should include agency letterhead or agency title

Same name and address as enrolling person on DCRV.



For additional guidance, a detailed guide on reviewing [DC financial assistance](#) documents is available on the OSSE website.



District of Columbia  
Office of the State Superintendent of Education

## Office of Enrollment and Residency (OER) LEA Guide: Accepting DC Financial Benefit Documentation

It is the responsibility of each school and local education agency (LEA) to collect valid documentation to verify residency of students at the time of enrollment. There are several document types and methods enrolling persons can use to complete residency verification. For more information on the residency verification process, methods, and documents, please review the [OER Handbook on the OSSE website](#).

The purpose of this document is to provide LEAs and schools with additional guidance on reviewing DC financial assistance documents<sup>1</sup>. Valid DC financial assistance documents can come from several different DC Government agencies making it uniquely difficult for review and acceptance by enrolling school officials. Current guidance, as outlined in the OER Handbook (version March 2021) is as follows:

**Regulatory Requirement:** Current official documentation of financial assistance received by the student or person seeking to enroll the student from the DC Government including, but not limited to, Temporary Assistance for Needy Families (TANF), Medicaid, the State Child Health Insurance Program (SCHIP), Supplemental Security Income (SSI), housing assistance, or other governmental programs.

**Additional Interpretive Guidance:** The document must be issued to the enrolling person within the past 12 months and be current (not expired) at the time of the school official's review of residency documentation and date of school official signature on the DC Residency Verification (DCRV) form. The document must have the same name and address of the enrolling person as identified on the DCRV. Documentation can also include a snapshot received from the enrolling person or the payment of benefits. While some documents may not include a signature of the official, the agency's title or letterhead should be present on the document. Some documents are considered recertification letters, and these should not be considered if the period for recertification has passed. For example, if the family is enrolling for the 2020-21 school year, a letter recertifying for 2019 would not be valid.

Federal financial assistance programs, except SSI, do not qualify as valid supporting documentation unless facilitated by a DC Government agency such as the Department of Human Services (DHS) or DC Housing Authority (DCHA).

The following are specific examples of DC financial assistance documents and factors considered in determining validity. For the purposes of this guide, all documents are assumed to apply to the correct school year at the time of enrollment.

<sup>1</sup> Pursuant to SA DCMB § 5802.5, even if documentation is completed using the following guidance below, if a school LEA reasonably concludes that additional information is needed to verify the student's residency, further documentation can be requested from the enrolling person.

osse.dc.gov



facebook.com/osse.dc



@OSSEDC



202.727.6436

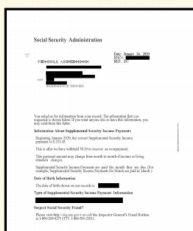
### Examples of Acceptable Documentation

#### TANF (Email)

This email is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV.
- A snapshot of current financial benefits that are being received at the time of enrollment; and
- It is issued by a DC Government agency, the Department of Human Services (DHS).

It also includes the agency official's contact information.



#### SSI Letter

This letter is acceptable because:

- It is issued to the same name and address of the enrolling person as identified on the DCRV;
- It provides current financial benefits that are being received at the time of enrollment; and
- The document is on Social Security Administration (SSA) letterhead.

osse.dc.gov



facebook.com/osse.dc



@OSSEDC



202.727.6436

# Unexpired official documentation of financial assistance from the Government of the District of Columbia

(Method B – 1 required)

OSSE has released a guide to support school officials when reviewing DC financial assistance documents

The guide has specific examples of DC financial assistance documents and factors considered in determining validity.

The guide is available on the OSSE website here:

**OER LEA Guide: Accepting DC  
Financial Benefit Documentation**



For additional guidance, a detailed guide on reviewing [DC financial assistance](#) documents is available on the OSSE website.

2016 D-40

1. Filing Status: ☐ Single ☐ Married ☐ Head of Household ☐ Dependent ☐ Amended ☐  
 Status Form: D-40 ☐ Date From: 0 / 0 / 0 Date To: 0 / 0 / 0 Vendor ID: 1555 Deceased ☐  
 2. Part Year Resident: ☐ Date From: 0 / 0 / 0 Date To: 0 / 0 / 0 Pair Statute ☐

**Income Information**

a. Wages, salaries, unemployment compensation and/or tips: ☐ **DC Government**  
 b. Business income (or loss): ☐ **OFFICE OF TAX AND REVENUE (OTR)**  
 c. Capital gain (or loss): ☐  
 d. Rental real estate, royalties, partnerships, etc.: ☐ **Customer Service Administration**  
 e. Other income: ☐ **FEB - 8 2017**  
 f. Federal adjusted gross income: ☐

**Additions to DC Income**

3. Federal adjusted gross income: ☐  
 4. Alternative tax deducted on federal return: ☐  
 5. Other additions from DC Schedule I, Calculation A, Line 8: ☐  
 6. Add federal adjusted gross income, franchise tax deducted, and other income: ☐

**Subtractions from DC Income**

7. Part year residents, enter income received during period of nonresidence: ☐  
 8. Taxable refunds, credits or offsets of state and local income tax: ☐  
 9. Taxable amount of social security and tier 1 railroad retirement: ☐  
 10. Income reported and taxed this year on a DC franchise or salary return: ☐  
 11. DC and federal government survivor benefits: ☐  
 12. Other subtractions from DC Schedule I, Calculation B, Line 16: ☐  
 13. Total subtractions from DC income: ☐  
 14. DC adjusted gross income: ☐

**DC Tax, Credits, and Payments**

15. Deduction type: ☐ Standard Deduction ☒ Itemized ☐  
 16. DC deduction amount: ☐  
 17. Number of exemptions: ☐  
 18. Exemption amount: ☐  
 19. Add deduction amount and exemption amount: ☐  
 20. DC taxable income: ☒

21. Tax: ☐ **CERTIFIED - A TRUE COPY**  
 22. Credit for child and dependent care expenses: ☐ **CSA Employee Number 0542X**  
 23. Non-refundable credits from DC Schedule U, Part 1a, Line 7: ☐ **CSA Employee Initials: [Signature]**  
 24. DC Low Income Credit: ☐  
 25a. Enter the number of exemptions claimed on your federal return: ☐  
 25b. Total non-refundable credits: ☐  
 26. Total tax: ☐  
 27. DC Earned Income Tax Credit: ☐  
 27a. Enter the number of qualified EITC children: ☐ 0 27b. Earned income: ☐  
 27c. For filers with qualifying children, enter federal EITC: ☐ 0 27d. Multiple 0.40: ☐  
 27e. For filers without qualifying children: ☐  
 28. Property Tax Credit: ☐  
 29. Refundable credits from DC Schedule U, Part 1b, Line 3: ☐  
 30. DC income tax withheld: ☐  
 31. 2016 estimated income tax payments and amount applied from 2015 return: ☐  
 32. Tax paid with extension of time to file or with original return if this is an amended return: ☐  
 33. Total payments and refundable credits: ☐

**Sample**

## Certified copy of form D40

(Method B – 1 required)

Issued by the Office of Tax and Revenue.

Must contain evidence of payment of DC taxes for the most recent tax year.

Must bear the DC Office of Tax and Revenue stamp.

Same name and address as enrolling person on DCRV.



DEPARTMENT OF MILITARY BRANCH  
PROGRAM EXECUTIVE OFFICER  
MILITARY INFORMATION SYSTEMS  
555 VIRGINIA ROAD, SUITE 55

4/1/2020

From: Program Executive Officer, Enterprise Information Systems  
To: District of Columbia Public School

Subj: VERIFICATION OF ACTIVE DUTY MILITARY STATUS FOR COMMANDER SUZY CREAMCHEESE

1. This letter is to certify that Commander Suzy Creamcheese is currently serving on Active Duty in the U.S. Military Branch, effective July 19, 2001. Effective March 2019, Commander Creamcheese has been on Active Duty orders at Program Executive Office, Military Information Systems (PEO MIS), Program Manager for Military Systems Network (MSN), BAC 999, located in Washington, D.C.

Full Name: Suzy Creamcheese  
Address: 5555 District Road NW, Washington, DC 20000  
Dependents: Frank Creamcheese, Grace Creamcheese,  
Rank/Rate: Commander (CDR)  
Pay Grade: B-9  
Date of Birth: 01 Jan 1981  
DIEMS Date: 02 July 2000  
Condition of Service: Honorable

2. This information has been verified in DEERS. If you have any further questions, please feel free to contact me at 555-555-5555.

B. Example  
LCDR DMB

I authorize the release of the above information

S. Creamcheese  
CDR DMB

## Current military housing orders or statement on military letterhead

(Method B – 1 required)

Must be an official correspondence on military letterhead.

Must cite the specific DC address and residence.

Same name and address as enrolling person on DCRV.

Stationed location and intent to stay are not valid.



EMBASSY OF COUNTRY  
345 DISTRICT STREET, WASHINGTON, DC 20000

4/1/2020

TO WHOM IT MAY CONCERN:

I, Embassy Official, Human Resources Officer at the Country Embassy in Washington, DC, hereby certify that

SUZY CREAMCHEESE

a Country employee, is assigned to the Country mission in Washington, DC, as Third Secretary since January 2019. As such, Suzy Creamcheese, as well as their spouse, Frank Creamcheese, and their children, Bonnie and Chad, are residing at 1234 District Avenue, Washington, DC 20000 and are housed at no cost to them by the Embassy of Country.

Suzy Creamcheese's mission will end in July 2022.

Sample

Embassy Official  
Human Resources

## Embassy letter

(Method B – 1 required)

Issued within the past 12 months.

Must contain an official embassy seal.

Must be signed by an appropriate embassy official.

Must indicate that the enrolling person or adult student, currently reside, or will reside, on embassy property in DC during the relevant school year.

Same name and address as enrolling person on DCRV.



## DC motor vehicle operator's permit or non-driver identification

(Method B – 2 required)

Must be an official DC government issued driver license or non-driver identification.

Must be valid and unexpired.\*

Same name and address as enrolling person on DCRV.

DC One Card and DC Government Employee badges are not acceptable.

DC drivers licenses can be verified using the DC DMV online tool:

[DC Drivers License Verification Tool](#)



## DC motor vehicle registration

(Method B – 2 required)

Must be issued by the DC government (no Virginia registrations).

Must be valid and unexpired.\*

Same name and address as enrolling person on DCRV.



## RESIDENTIAL LEASE AGREEMENT

[Single-Family House]

This Residential Rental Agreement ("Agreement") is entered into by and between Suzy Creamcheese ("Tenant"), and Oscar Sears ("Landlord"). Landlord and Tenant are collectively referred to in this Agreement as the "Parties". This Agreement shall be effective as of the date executed by Landlord, as set forth below.

For the covenants contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. **PREMISES:** The leased premises shall be comprised of that certain (including both the house and the land) located at 123 Main Street. Landlord leases the Premises to Tenant and Tenant leases the Premises on the terms and conditions set forth herein.

2. **TERM:** The term of this Agreement shall be a period of one (1) year, beginning on February 24th, 2020, and ending on February 23rd, 2021. After the expiration or earlier termination of the term without consent shall be a default of this Agreement and shall not be considered a month to month, unless Tenant pays and Landlord accepts payment calendar month (plus, if the term ends on a day other than the last day of the month during which the term ends). If such payment is not accepted, this Agreement will automatically renew on a month to month basis until terminated by either party in accordance with notice of termination is to be given by either party at least thirty (30) days prior to the designated date of termination, and the designated date of termination shall be a calendar month. If notice of termination is given, this Agreement shall terminate on the date for which notice is properly given. Except as otherwise set forth in the terms and conditions of this Agreement shall apply during the term of the tenancy.

3. **MONTHLY RENT:** The rent to be paid by Tenant to Landlord under this Agreement is \$ 2000 per month and shall be due on the 1st day of each month. Tenant shall pay a \$50.00 late fee for any rent not received by Landlord by the 5th day of each month. Tenant shall pay any returned check fees. All delinquent rent from Tenant shall accrue interest at the rate of 15% per year until deemed additional rents. Rent for the first month (or, if applicable, the last month) shall be paid to Landlord at the time this Agreement is executed. Rent shall be prorated. Tenant shall not deduct or offset against rent any amounts due to Landlord under applicable law.

4. **UTILITIES:** To the extent permitted by applicable utility service rules, Tenant shall transfer all utility accounts into Tenant's name promptly upon taking possession of the Premises.

RESIDENTIAL RENTAL AGREEMENT

TENANT'S INITIALS \_\_\_\_\_

26. **GOVERNING LAW:** This Agreement shall be governed by the laws of the jurisdiction in which the Premises is located.

27. **ENTIRE AGREEMENT:** This document constitutes the entire agreement and may be modified or amended only by written agreement signed by both Parties. There are no oral agreements between the Parties.

IN WITNESS THEREOF, the Parties have caused this Agreement to be executed on the dates set forth below.

*This is a legal document. Tenant acknowledges reading all of this agreement carefully and obtaining advice of counsel, if desired, before signing.*

SIGNED:

Landlord:

Oscar Sears

Date: 2/20/2019

[Signature]

Address: 555 Nowhere Ave

Phone: (555) 555-5555

Tenant:

Suzy Creamcheese

Date: 2/20/2019

[Signature]

Phone: (555) 555-5555

RESIDENTIAL RENTAL AGREEMENT

TENANT'S INITIALS \_\_\_\_\_

6

# Lease or rental agreement with separate proof of payment

(Method B – 2 required)

## Lease requirements\*:

Must contain the start date, monthly rent amount, name of landlord, and be signed by enrolling person and landlord.

## Proof of payment requirements\*:

May be a receipt of payment, money order, copy of cashed check, etc.

Must be for a period within two months immediately preceding the school's review of the DCRV

Must match the rent amount stated on the lease.

All documents must be the same name and address as enrolling person



\*Additional guidance is provided in the [OER Handbook](#) published in March 2021.





## **Valid Supporting Residency Documents**

*Method C*



## Home Visitation Consent & Verification Form – 2021-22 School Year

Use this form to consent to allowing a school official to verify District of Columbia residency by visiting your residence. Complete one form per student enrolling in a DC public or public charter school.

### Step One: Provide information about your family.

Student First Name:	Student Last Name:	DOB:
Enrolling Person:		
I am <input type="checkbox"/> student's parent/guardian/custodian <input type="checkbox"/> student's Other Primary Caregiver and completed the OPC Form		
the: <input type="checkbox"/> adult student <input type="checkbox"/> minor parent and completed the sworn statement		
Address of enrolling person:	City:	State: ZIP:
Email:	Phone:	

### Step Two: Consent to home visit by a school official.

I hereby consent for a school official to conduct a home visit for the purpose of validating my DC residency. Personal information that may be collected in connection with this visit is to be retained in the official record of the student and will not be transferred or disclosed outside of the school, local education agency or state education agency, except where disclosure is required by law or is pursuant to the verification of my District residency. This information will be used for the purpose of validating District residency of the student's parent, guardian, or other primary caregiver, or of the adult student him/herself.

Signature of Person Enrolling Student: \_\_\_\_\_ Date: \_\_\_\_\_

### SCHOOL OFFICIAL USE ONLY The following information was verified by \_\_\_\_\_ conducting a home visit by a school official.

Step 1	Date of Home Visit (mm/dd/yyyy):	<input type="checkbox"/> In-person <input type="checkbox"/> Remote
Step 2	Name of people residing in the home:	Relationship to student:
Step 3	Who is the Primary Lease/Mortgage Holder?	Is the student on the lease? If no, explain: <input type="checkbox"/> Yes <input type="checkbox"/> No
Step 4	Is there evidence that the enrolling person resides at the residence? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 5	If enrolling person is an Other Primary Caregiver, is there evidence that the student resides at the residence? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Step 6	Check only one: <input type="checkbox"/> I have confirmed District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I have confirmed District residency of the enrolling person and student by conducting a home visit (OPC Only). <input type="checkbox"/> I was unable to confirm District residency of the enrolling person by conducting a home visit. <input type="checkbox"/> I was unable to confirm District residency of the enrolling person and student by conducting a home visit (OPC Only).	

I certify that I am the school official authorized by the above named school to conduct a home visit for the student named above. I attest that the information herein provided is true to the best of my knowledge based on the home visit I conducted.

School Official Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Home visitation by school official

### (Method C)

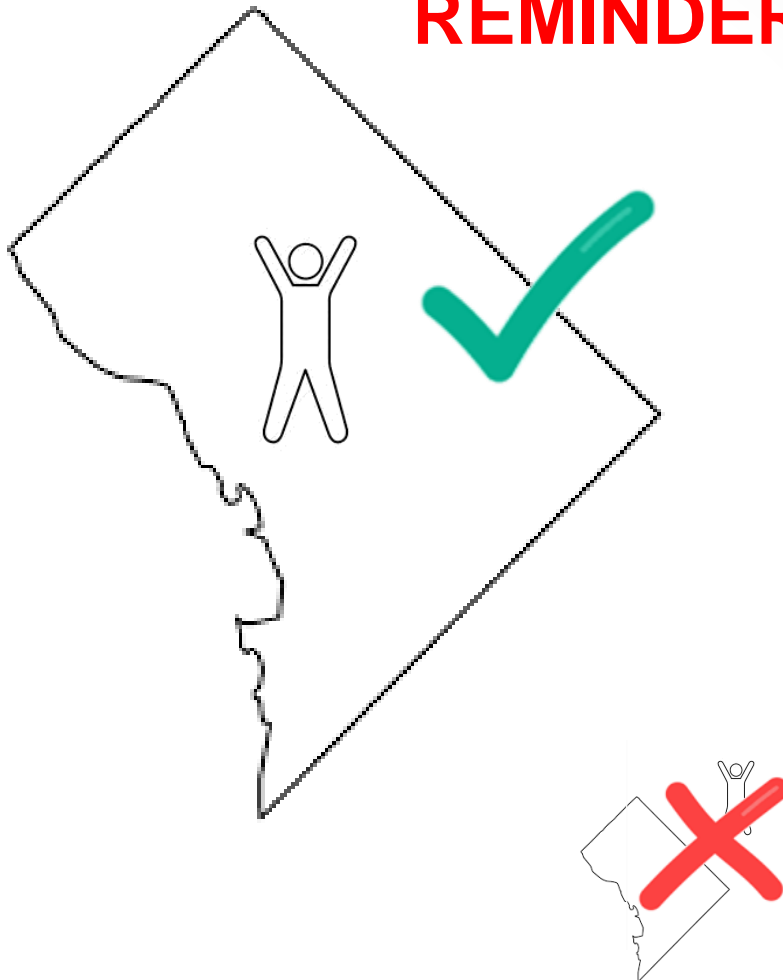
The family must consent to the home visit.

The form must be signed by both the enrolling person and school official.

Can be used as an alternative when family can't provide documents or as the primary residency verification.



## REMINDER



### What is bona fide residency?

A bona fide resident is someone who is *physically* present in the District.

In addition, they also need to provide valid supporting documentation to support their claim of residency.

Exceptions – students experiencing homelessness, and DC students in foster care but housed in another state.

## Do not “make the documents work”



Enrolling ineligible non-resident students can result in the student being excluded from school, the family being liable for retroactive tuition, and referral to the Office of the Attorney General for prosecution.



Pursuant § 38–312. Any person, **including any District of Columbia public schools or public charter school official**, who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, and payment of a fine of not more than \$2,000, or imprisonment for not more than 90 days.



# Residency Document Collection

# Collection format of supporting residency documentation

Supporting residency documents that require the enrolling person to submit a document to the CBO may be collected in person or through electronic submission.

Documents collected by the CBO through an electronic submission may contain personally identifiable information (PII). It is the CBOs responsibility to ensure the privacy and protection of student information in compliance with all applicable federal and local laws. In addition, electronic submissions shall meet the following requirements:

- The documents shall be legible;
- The documents shall be exportable;
- The documents shall be provided in the required format for OSSE's annual enrollment audit;
- The documents shall be maintained in accordance with all records retention policies;
- The documents shall easily available to comply with the five-day requirement to submit for investigation purposes; and
- The documents shall not be altered, redacted, or expanded on in any way.





# Enrollment Audit – E-file Preparation

# Preparing files for the Enrollment Audit

For the 2021-22 school year enrollment audit, OSSE will be collecting residency documentation *electronically* for auditor review.

In response to feedback received from LEAs during the SY20-21 enrollment audit, OSSE is making the following adjustments and providing the following supports:

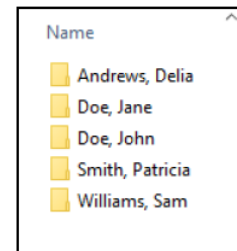
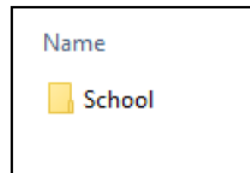
- Document upload deadline that aligns with the auditor document review date
- Clearer upload instructions and technical assistance for using BOX

The following slides go over the format for arranging and submitting your residency documentation so you can prepare your processes now.

OSSE will conduct a larger training on the Enrollment Audit in July/August and provide a detailed handbook.

# How to set up your e-file documents for the audit

OSSE reviews the collected residency verification forms and residency documents remotely. Each school must organize the residency verification forms and supporting documentation as follows:



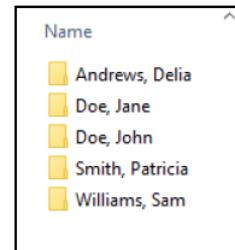
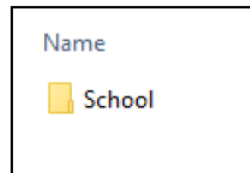
The CBO may decide how to order and label the residency documents within the student folder.



The CBO may request an alternative file structure. Requests for alternative structures should be made by August. Email [osse.enrollmentaudit@dc.gov](mailto:osse.enrollmentaudit@dc.gov).

# How to submit your e-file documents for the audit

The CBO will have several weeks to upload their files to a designated BOX folder. The folder will be specific to the school and for the 2021-22 school year. Each CBO will be assigned a specific deadline for upload.



The CBO uploads the electronic documents to their designated school enrollment audit folder in BOX.



The CBO has till their upload deadline to remove, add, and change uploaded documents in BOX.



Q + A



# Contact

Aaron Parrott, Director

[Aaron.Parrott@dc.gov](mailto:Aaron.Parrott@dc.gov)

Diamond Bynum, Statewide Enrollment Audit Manager

[Diamond.Bynum@dc.gov](mailto:Diamond.Bynum@dc.gov)

- Enrollment Audit

Antonio Cannon, Management Analyst

[Antonio.Cannon@dc.gov](mailto:Antonio.Cannon@dc.gov)

- CBO Enrollment Audit
- Duplicative Enrollments
- Records Retention Monitoring

Veita Clark, Management Analyst

[Veita.Clark@dc.gov](mailto:Veita.Clark@dc.gov)

- Non-resident tuition

Eric Block, Investigator

[Eric.Block@dc.gov](mailto:Eric.Block@dc.gov)

Ahmad Hamed, Investigator

[Ahmad.Hamed@dc.gov](mailto:Ahmad.Hamed@dc.gov)

For questions about or related to the enrollment audit, contact

[Osse.enrollmentaudit@dc.gov](mailto:Osse.enrollmentaudit@dc.gov)

If parents have questions about non-resident tuition, contact

[Osse.residency@dc.gov](mailto:Osse.residency@dc.gov)

Office of Enrollment and Residency Handbook: <https://osse.dc.gov/node/1525206>

